

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, Address, Telephone No.) ATTORNEY FOR (Name): _____ Bar No: _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE JUSTICE CENTER: <input type="checkbox"/> Central <input type="checkbox"/> Harbor <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> West STREET ADDRESS: P.O. BOX: CITY AND ZIP CODE:	
PLAINTIFF:	
DEFENDANT:	
DECLARATION RE: DEFAULT IN PAYMENTS <input type="checkbox"/> Partial Satisfaction of Judgment <input type="checkbox"/> Limited Civil <input type="checkbox"/> Over \$25,000 <input type="checkbox"/> Small Claims	CASE NUMBER:

The undersigned ☐ Judgment creditor ☐ Attorney for judgment creditor in the above-entitled action declares:

Judgment was entered against the following named defendant(s): _____

on _____ for \$ _____. The Court ordered the judgment paid in installments of \$ _____ per _____ commencing _____. To date, \$ _____ has been received in partial satisfaction of the judgment and the installment due on _____ has not been paid.

Therefore, judgment creditor requests that a writ of execution issue.

Complete if Partial Satisfaction:

Full name and address of judgment creditor or assignee of record:

Full name and address of judgment debtor being partially released:

Judgment entered or renewal entered on (date):

☐ An Abstract of Judgment has been recorded as follows (complete all information for each county where recorded):

COUNTY	DATE OF RECORDING	BOOK NUMBER	PAGE NUMBER
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☐ A Notice of Judgment Lien has been filed in the office of the Secretary of State as file number (specify):

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____

PRINT OR TYPE NAME

SIGNATURE OF DECLARANT

DECLARATION RE: DEFAULT IN PAYMENTS/PARTIAL SATISFACTION